

Washington State Health Care Authority



RFP #K-160

February 5, 2010

Washington Health Program Non-Subsidized Coverage

Schedule

Event	Due Date	Time
Issue RFP	February 5, 2010	
Pre-Proposal Conference	February 10, 2010	10:00 AM PST
Letter of Intent Due	February 12, 2010	3:00 PM PST
Vendor Questions Due	February 17, 2010	3:00 PM PST
Question Responses Posted	February 24, 2010	
Proposals Due	March 5, 2010	3:00 PM PST
Announce Apparent Successful Vendor (ASV)	March 19, 2010	

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1. INTRODUCTION TO WASHINGTON HEALTH PROGRAM

1.1. PURPOSE

The purpose of this Request for Proposal (RFP) is to secure the services of qualified managed health care systems to provide health coverage through Washington Health Program, a non-subsidized Basic Health Plan (BHP) program, with coverage beginning July 2010.

1.2. BACKGROUND AND HISTORY

The Washington State Health Care Authority (HCA) currently serves income-eligible residents in the state of Washington through the Basic Health (BH) Plan, a State-sponsored program providing low-cost health care coverage through managed care organizations. There are now approximately 70,000 members enrolled in the subsidized Basic Health Plan and another 90,000 names on the waiting list. By July 1, 2010, the Health Care Authority expects the waiting list to exceed 122,000 lives.

While the BH waiting list represents a sizeable population, recent data reported by Washington State's Office of the Insurance Commissioner (OIC), indicates that state-wide there are approximately 900,000 state residents uninsured with the expectation that this number will grow to over 1,000,000 by the end of 2011.

In 2009, the Washington State Legislature dramatically reduced funding for subsidized Basic Health by forty-three percent (43%), decreasing enrollment from approximately 107,000 in January 2009 to about 70,000 in January 2010. Unfortunately, the economic climate in the State has not improved and, as we enter the 2010 Legislative session, there is considerable risk that the funding for the subsidized Basic Health offering may be eliminated July 1, 2010.

In response to this impending crisis, the HCA is reviving its non-subsidized program as a safety net for coverage to the nearly 200,000 individuals who may face no affordable coverage option on July 1, 2010. [Chapter 70.47 RCW](#) provides the HCA statutory authority to administer the Basic Health Plan which includes obligations of the HCA to administer both a subsidized and non-subsidized coverage offering. The HCA offered non-subsidized coverage from 1993 to 2002. For a variety of reasons the risk pool deteriorated, the offering was not cost-effective, and health plans stopped offering coverage altogether.

The Washington Health Program product is being re-introduced under vastly different conditions and terms which, collectively, should ensure success. Today, a vital individual insurance market exists in Washington State with a variety of products from numerous insurers. In comparison, in 1993, the Basic Health non-subsidized product was one of very few individual plans available. Furthermore, Washington Health Program will apply a Standard Healthcare Questionnaire (SHQ) to all enrollees, will develop an affordable benefit package, and will include a \$75,000 annual benefits limit. Combined, the HCA believe these variables will result in a successful risk pool.

Working with it's actuaries, the HCA developed a cost-effective benefits package which should appeal to our current subsidized members as well as for those who are waiting for coverage. There are significant similarities between the benefit packages for subsidized Basic Health and the Washington Health Program. There are also differences. For example, maternity benefits have been modified, in-patient facility charge cost sharing is different, and other minor benefit levels are dissimilar. For full details of the Washington Health Program benefit package, see **Appendix A** of this RFP, Certificate of Coverage.

To keep costs low for participating managed health care systems, the HCA will administer the SHQ, will conduct outreach and marketing to encourage enrollment, will collect member premiums and pay health plans monthly, and will determine eligibility for the program. An administrative fee will be added to premiums to allow the HCA to provide these services. Given the streamlined services and the revised benefit package, HCA is confident managed health care systems will be able to offer Washington Health Program at an affordable price.

1.3. PROGRAM OVERVIEW

The following sections provide a description of the Washington Health Program and a description of the roles and responsibilities of the HCA and the ultimately successful Vendor(s), hereafter referred to as CONTRACTOR.

1.3.1. Eligibility Overview

Through Washington Health Program, health coverage will be offered to eligible applicants, with no subsidy provided by the State of Washington. Unlike subsidized Basic Health, there is no income limit to apply. To be eligible, applicants and enrollees and their spouses and dependents must:

- Reside in the State of Washington in an area served by a contracted managed health care system;
- Not be eligible for free or purchased Medicare;
- Not be institutionalized at the time of enrollment;
- Pay, or have paid on their behalf, a monthly premium; and
- Complete and pass the Standard Health Questionnaire

The Washington Health Program is intended to be a safety net for providing health coverage to low income citizens of diverse and disparate populations not already covered or who are at risk for losing their coverage. HCA intends to provide coverage in all 39 Washington State counties.

1.3.2. Anticipated Enrollment

The State, as well as the country, is in unprecedented economic times. Given the large numbers of uninsured, high unemployment, and cuts to social services programs, predicting enrollment in Washington Health Program is difficult. However, HCA does know that the current rate of disenrollment from subsidized Basic Health plan is extraordinarily low. Today, fewer than 1,000 enrollees of the subsidized program are leaving and the wait list grows by nearly 6,000 every month. This trend has continued for over a year despite significant increases in member cost sharing.

Given the current environment, the HCA conservatively estimates that state-wide enrollment for the Washington Health Program will exceed 40,000 by the end of June 2011. These estimates are based on the success rate of subsidized BH plan members re-certifying for coverage. The HCA is not guaranteeing a specific level of enrollment. The figure presented is for estimation only. The number of actual enrollees could be higher or lower.

1.3.3. Coverage Area

The HCA intends to award contracts for Washington Health Program coverage in all 39 counties of the State. The HCA also recognizes that for there to be meaningful market share for interested Vendors, the number of contracted plans available in each county will be limited and will depend in part on the counties' population and Vendors' network capacities. The process for selecting Apparently Successful Vendor(s) (ASV) is described in detail in Section 4, Evaluation, of this RFP.

1.3.4. Outreach

In order to minimize CONTRACTOR's costs and to meet the needs of the current BH enrollees and waitlisted populations, the HCA will take the lead on outreach. Through our existing BH plan, the HCA has identified an audience of almost 200,000 potential members for Washington Health Program and believes there are additional uninsured, low-income citizens seeking affordable coverage. The HCA will utilize a comprehensive, three-tiered approach to outreach to ensure that these populations are aware of Washington Health Program.

The HCA outreach effort will prioritize three distinct tiers: 1) Individuals on the subsidized Basic Health waiting list, 2) Current subsidized Basic Health members, and 3) Low-income, uninsured, and underinsured Washington residents.

For each tier, the HCA intends to perform state-wide outreach efforts by utilizing established relationships with existing membership and former members, community partners, stakeholders, and financial sponsors. In building the membership of the existing subsidized Basic Health plan, utilization of organizations and advocacy groups focused on diverse and disparate populations has proven highly successful. Additionally, HCA intends to reach out to State and local agencies, schools districts, state-wide associations, and non-profit health organizations to provide detailed information about the Washington Health Program. For example, the HCA will seek a partnership with the Employment Security Department to share the details of the Washington Health Program with unemployed Washington State residents. Another example is the HCA's Prescription Drug Program which has experienced tremendous success in the state-wide distribution of more than 140,000 discount drug cards. The HCA intends to utilize this database to reach out to those needing affordable coverage, as well.

The HCA plans to host a comprehensive website for Washington Health Program and widely distribute information and enrollment materials. Early goals for the website include on-line enrollment, electronic payment, and automated administration of the SHQ. The availability of this functionality may not occur by the July 1, 2010 start date; however, resources permitting, the HCA intends to integrate this functionality shortly after start-up.

The HCA is finalizing a comprehensive outreach plan to grow and maintain enrollment in the Washington Health Program. Additionally, the HCA is working to establish manageable monthly enrollment targets so that SHQs and applications can be processed timely. Outreach efforts will therefore be distributed throughout the term of the Contract.

1.3.5. Program Administration

The Washington Health Program will be administered very similarly to how subsidized Basic Health is today. The HCA will process eligibility, administer the SHQ, notify enrollees of approval or denial, collect premium payments, pay the managed health care systems monthly, provide reporting on SHQ results to Washington State Health Insurance Pool (WSHIP), administer eligibility appeals, and recertify enrollees per statute.

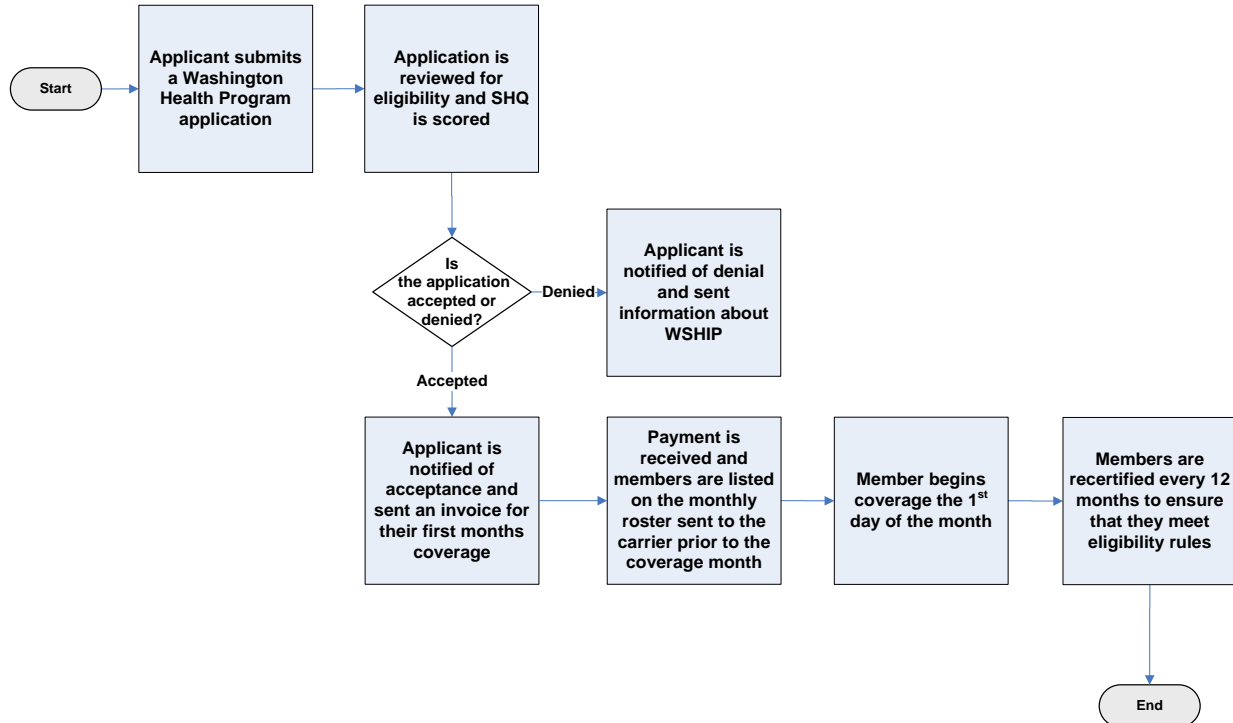
Managed health care systems will continue to be responsible for enrolling members for coverage, assigning Primary Care Physicians (PCPs), distributing ID cards, providing customer service and claims management, administering complaint and appeals related to coverage, issuing Explanation of Benefits (EOBs), and contracting and managing their provider networks. The aforementioned items are not intended to be all-inclusive, but to provide a broad overview of CONTRACTOR responsibilities.

The HCA expects that each CONTRACTOR will be responsible for managing the annual maximum benefit payout amount and notifying enrollees accordingly.

For further information of CONTRACTOR responsibilities, please see the sample contract contained in **Appendix B** of this RFP.

The following diagram is a high-level process flow describing the coordination of service between the HCA, Washington Health Program members and CONTRACTOR in the administration of the Washington Health Program:

Washington Health Program Enrollment Process



1.3.6. Standard Health Questionnaire (SHQ)

Applicants for Washington Health Program will be required to complete the SHQ unless specifically exempted by RCW 48.43.018.

Under current law, all subsidized BH members who apply for Washington Health Program are not exempt and must complete the SHQ. It's important to note that Box seven (7) of the SHQ does not apply to Basic Health, including those who have had subsidized coverage for more than 24 consecutive months.

The HCA will refer those found ineligible for enrollment in Washington Health Program to the WSHIP. The HCA will administer the SHQ, to include scoring, issuing letters of acceptance or denial based on the scores, processing appeals, and providing all applicants with documents required by WSHIP. The HCA will also provide reports or data as required by WSHIP regarding Washington Health Program applicants.

2. GENERAL INFORMATION FOR VENDORS

2.1. RFP COORDINATOR

The RFP Coordinator for The HCA is the sole point of contact for this procurement. Upon issue of this RFP, all communication about the procurement process, including submitted proposals, between the Vendor and the HCA shall be with the RFP Coordinator. The RFP Coordinator is:

Susan DeBlasio, RFP Coordinator
Health Care Authority
Contracts@hca.wa.gov

Vendors are to rely only on written statements issued by the RFP Coordinator. Any other communication is unofficial and is not binding on the RFP Coordinator or the HCA. **Communication relating to this RFP which is directed to anyone other than the RFP Coordinator may result in disqualification of the Vendor.**

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

The following is the estimated schedule of procurement activities.

Event	Due Date	Time
Issue RFP	February 5, 2010	
Pre-Proposal Conference	February 10, 2010	10:00 AM PST
Letter of Intent Due	February 12, 2010	3:00 PM PST
Vendor Questions Due	February 17, 2010	3:00 PM PST
Question Responses Posted	February 24, 2010	
Proposals Due	March 5, 2010	3:00 PM PST
Announce Apparent Successful Vendor (ASV)	March 19, 2010	
Contract (s) Finalized	April 23, 2010	
Begin Accepting Applications	June 1, 2010	
Coverage Begins	July 1, 2010	

The HCA reserves the right to revise the above schedule.

2.3. PRE-PROPOSAL CONFERENCE

The Health Care Authority will hold a Pre-Proposal Conference on the date and time identified in the Schedule located in Section 2.2 of this RFP. Attendance at this conference is **not** mandatory but all interested Vendors are encouraged to attend.

The location of the conference will be:

**The Washington State Health Care Authority
Sue Crystal Center
676 Woodland Square Loop SE
Lacey, WA 98503**

To assure adequate seating at the conference, Vendors are requested to submit a completed Pre-Proposal Conference Registration Form located in **Appendix C** to contracts@hca.wa.gov by 5:00 pm PST on February 8, 2010.

Vendors have the alternative of listening into the conference via conference call-in. A dial-in number and pass-code will be provided upon receipt of the Vendors' completed registration form.

2.4. VENDOR'S QUESTIONS AND ANSWERS

Vendors may send questions concerning the RFP via email to contracts@hca.wa.gov . **Please include RFP #K-160 in the subject line of the email:**

The HCA will only answer questions received before the due date and time in the procurement schedule outlined in Section 2.2 of this RFP. All questions must be received in writing. The HCA will e-mail a copy of all Vendors' questions and the HCA's official written answers to all Vendors who submit a Letter of Intent-to-Propose. In addition, the HCA will post an amendment to the RFP with the questions and answers on the HCA procurement website.

2.5. MINIMUM QUALIFICATIONS

To be eligible to bid on this RFP an entity must:

- Possess a Certificate of Registration as a Health Maintenance Organization OR Health Care Service Contractor OR Certificate of Authority issued by the OIC to provide insurance coverage in Washington;
OR

Indicate intentions for acquiring the above intentioned certification and currently possess certification of a similar standard; **AND**

- Possess a valid, current Washington State Uniform Business Identification Number (UBI).

Vendors who do not meet these minimum qualifications shall be deemed non-responsive and will not receive further consideration.

2.6. LETTER OF INTENT

Vendors intending to propose must send a written, non-binding, Letter of Intent no later than the due date identified in Section 2.2 of this RFP. Please e-mail the Letter of Intent to the RFP Coordinator at the e-mail address identified in Section 2.1 of this RFP.

Failure to submit a Letter of Intent-to-Propose to the HCA shall disqualify the Vendor organization from further participation in the RFP.

The Letter of Intent must:

- (1) State that the Vendor intends to respond;
- (2) Include the company name, mailing address, primary contact name; telephone number, and e-mail address;
- (3) Provide a copy of the Certificate of Registration as a Health Maintenance Organization or Health Care Service Contractor or Certificate of Authority issued by OIC to do business in Washington;
OR
Indicate intentions for acquiring the above intentioned certification and provide proof of certification of a similar standard; and
- (4) State the Vendor's UBI number.

Address the Vendor's Letter of Intent-to-Propose to:

ATTN: Susan DeBlasio
RE: RFP #K-160 – Letter of Intent
Health Care Authority
Financial and Contract Services
E-mail: contracts@hca.wa.gov

The Vendor's Letter of Intent-to-Propose must be received no later than 3:00 p.m. Pacific Standard Time (PST) on the date stated in the SCHEDULE.

2.7. SUBMISSION OF PROPOSALS

2.7.1. Submittal Address

Send the required number of copies of the Vendor's proposal to:

Health Care Authority
Contract Services
P.O. Box 42702
Olympia, Washington 98504-2702
RE: RFP #K-160
ATTN: Susan DeBlasio

The street address for in-person delivery of proposals is:

676 Woodland Square Loop SE
Lacey, WA 98503

The street address for delivery service (UPS, Federal Express, etc.) is:

3819 Pacific Avenue SE, Suite A
Lacey, WA 98503

Proposals, whether mailed or hand delivered, must arrive at the HCA Contracts Office no later than 3:00 p.m., PST, on the Proposal Due Date stated in the schedule (Section 2.2). Late proposals will not be accepted and will automatically be disqualified from further consideration. The method of delivery shall be at the Vendor's discretion, and shall be at the Vendor's sole risk to assure delivery at the designated office.

The HCA does not take responsibility for any problems in the mail or delivery services, either within or outside the HCA. Vendors are responsible for ensuring delivery in accordance with the specifications in this RFP. Receipt by any other office or mailroom is not equivalent to receipt by the HCA.

2.7.2. Formatting and Copies

Write the proposal in the order given in the applicable section. Title and number each item in the same way it appears in that section. Vendors must respond to every element in the section except where otherwise stated.

Vendors must respond to every element in a section, except where otherwise stated. Proposals must comply with the following format requirements or restrictions:

- All proposals and attachments must be in English.
- Use standard 8.5" x 11" white paper, with no smaller than eleven (11) point font. Page margins can be no less than one (1) inch.
- State the Vendor name on the first page of all copies of the proposal.
- Write the proposal in the order given in the applicable sections. Title and number each item in the same way it appears in that section. Pages should be placed in a binder with tabs separating the major sections of the Proposal. Figures and tables must be numbered and referenced in the text by that number. Pages must be numbered consecutively within each section, indicating section number and page number.
- The Vendor must respond to every element in the section except where otherwise stated.
- Responses must stay within any page limitations stated in a section. Exceeding a page limitation may result in no score for that section.
- If a section requests copies of reports, charts, spreadsheets, manuals, etc. these documents are not subject to the page size, font, margin or page number limitations. Such documents must be labeled in a way that clearly associates them with the applicable section response.

Vendors are required to submit proposals as follows:

- 1 unbound copy of the entire proposal.
- 6 copies of the entire proposal in separate 3-ring binders. Sections should be separated by labeled tabs.
- 2 copies of the entire Proposal on separate CD-ROMs. Documents must be unrestricted MS Word, Excel or "pdf" format

2.7.3. Late Proposals Not Accepted

Late proposals will not be accepted and will be automatically disqualified from further consideration. All proposals and any accompanying documentation become the property of the HCA and will not be returned.

2.7.4. Signatures

The Letter of Submittal and the Certifications and Assurances form must be signed and dated by a person authorized to legally bind the Vendor to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

2.8. RESPONSIVENESS

All proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. The Vendor is specifically notified that failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

The HCA also reserves the right, however, at its sole discretion to waive minor administrative irregularities.

2.9. FAILURE TO COMPLY

The Vendor is specifically notified that failure to comply with any part of the Request for Proposals may result in rejection of the proposal as non-responsive.

2.10. MOST FAVORABLE TERMS

The HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted on the most favorable terms which the Vendor can propose. The HCA does reserve the right to contact a Vendor for clarification of its proposal.

The Vendor should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. Contract negotiations may incorporate some, or all, of the Vendor's proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to the HCA.

2.11. CONTRACT GENERAL TERMS AND CONDITIONS

The Apparent Successful Vendor (ASV) will be expected to enter into a contract which content is substantially the same as the sample General Terms and Conditions attached as **Appendix D**. In no event is a Vendor to submit its own standard contract terms and conditions in response to this solicitation. The Vendor may submit exceptions as allowed in the Certifications and Assurances section, **Appendix B** to this solicitation. The HCA will review requested exceptions and accept or reject the same at its sole discretion.

2.12. NO OBLIGATION TO CONTRACT

The HCA reserves the right at its sole discretion to reject any and all Proposals received without penalty and not to issue a contract as a result of this RFP. Additionally, The HCA reserves the right to award a contract for service to the “next in line” Vendor in the event contract terms cannot be achieved in accordance with the implementation schedule for the Washington Health Program.

This RFP does not obligate the State of Washington or the HCA to contract for services specified herein.

2.13. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Upon submission, all bids become the property of the HCA and, except for purposes of evaluation, shall not be released or otherwise distributed until after the HCA completes the evaluation and issues its notice of intent to award. Evaluation team members will maintain confidentiality of information to ensure the integrity of the process. After award and distribution of award information or posting of such information electronically for public review, RFP documents, including but not limited to: bids, quotes, proposals, and evaluation summaries of all Vendors, shall be open to public inspection at the HCA Contracts Office during normal office hours, except as noted below. Copies of documents subject to public disclosure will be made available upon request in accordance with purchasing activity policy, chapter 42.56 RCW, and RCW 41.05.026. The purchasing activity assumes no responsibility for the confidentiality of bids, quotes or proposals after award.

A charge will be made for copying and shipping, as outlined in chapter 42.56 RCW. No fee shall be charged for inspection of contract files, but

twenty-four (24) business hours notice to the Contracts Officer is required. All requests for information should be directed to the Contracts Officer.

Any information in the proposal that the Vendor desires to claim as proprietary and exempt from disclosure under the provisions of chapter 42.56 RCW or RCW 41.05.026, or other law, must be clearly designated and identified in the Letter of Submittal. Each page claimed to be exempt from disclosure must be clearly identified by the word "Confidential" printed on the lower right hand corner of the page. Vendors may not mark the entire proposal as proprietary or confidential.

The HCA will consider a Vendor's request for exemption from disclosure; however, the HCA will make a decision predicated upon chapter 42.56 RCW or RCW 41.05.026 and chapter 143-06 of the Washington Administrative Code (WAC). Marking the entire proposal exempt from disclosure will not be honored. The Vendor must be reasonable in designating information as confidential. If any information is marked as proprietary in the proposal, such information will not be made available until the affected Vendor has been given an opportunity to seek a court injunction against the requested disclosure.

The State's sole responsibility shall be limited to maintaining the above data in a secure area and to notify Vendor of any requests for disclosure within a period of five years from date of award. Failure to so label such materials or failure to provide a timely response after notice of request for public disclosure has been given shall be deemed a waiver by the Vendor of any claim that such materials are, in fact, so exempt.

2.14. REVISIONS TO THE RFP

In the event it becomes necessary to revise any part of this RFP, an amendment to the RFP will be posted at the HCA's RFP website (<http://www.hca.wa.gov/rfp>).

2.15. ACCEPTANCE PERIOD

Proposals must provide 90 business days for acceptance by the HCA from the due date for receipt of proposals.

Once awarded, the rates quoted in the Proposal shall remain effective through the initial term of the proposed contract and no increase in rates is permitted unless the HCA agrees to it in advance.

2.16. FUNDING

Any contract awarded as a result of this procurement is contingent upon the availability of operational funding.

2.17. PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is scheduled to begin upon execution of the Contract, and to end on December 31, 2011. The HCA reserves the option at its sole discretion to extend the Contract through December 31, 2016 in whatever time increments the HCA considers appropriate. Any extensions are contingent on the availability of operational funding.

2.18. COSTS TO PROPOSE

The HCA will not be liable for any costs incurred by the Vendor in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

2.19. CANCELLATIONS, ACCEPTANCE, AND MINOR IRREGULARITIES

This RFP does not obligate the state of Washington or the HCA to contract for services specified herein in full or in part. The HCA reserves the right to:

1. Cancel this RFP at any time during the procurement process;
2. Accept or reject all proposals, in whole or in part, received in response to this RFP;
3. To waive or permit cure of minor irregularities;
4. To modify the RFP at any time prior to contract award; and
5. To conduct discussions with all qualified or potentially qualified Vendors in any manner necessary to serve the best interests of the HCA. The HCA also reserves the right, in its sole discretion, to award a Contract based upon the written Proposals received without prior discussions or negotiations.

The HCA may cancel a solicitation, reject all bids, or modify the RFP up to the time of the award, if the HCA determines that:

1. The solicitation did not include all factors for the HCA to determine cost savings or efficiency improvements;
2. No responsive proposal has been received from a responsible Vendor;
3. There have been changes in business or market conditions that significantly impact the HCA's original intent to competitively contract the service;
4. Vendors cannot meet timelines for successful implementation; or
5. Administrative or financial resources available to the HCA have been eliminated or reduced.

3. PROPOSAL CONTENTS

This section outlines the information, data, and responses required from Vendors as part of a Proposal to this RFP. The HCA will use the information provided by Vendors for selecting the ASV(s) as outlined in Section 4 of this RFP.

3.1 LETTER OF SUBMITTAL AND CERTIFICATIONS AND ASSURANCES

Proposals must be accompanied by a Letter of Submittal signed by a person authorized to bind the Vendor organization to a Contract. Letters of Submittal must include, in the order given:

1. Identifying information about the Primary Vendor to include the following:
 - a. The Vendor's business name, address, telephone number, and e-mail address.
 - b. The legal status of the Vendor entity (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized as it now substantially exists.
 - c. The name, address, e-mail address and telephone number of any sole proprietor, and of the partners or principal officers as appropriate.
 - d. The name of the person who will have primary contact with the Health Care Authority in carrying out the responsibilities of any awarded Contract.
 - e. The name(s) and titles of all persons authorized to speak on behalf of the Vendor on matters related to this procurement.
 - f. The name and address of the entity that receives legal notices for the Vendor.
2. If the Proposal is being submitted in partnership with one or more entities, identify the entities and their primary responsibilities, if selected as the Apparently Successful Vendor.
3. Provide a statement affirming that by submitting a Proposal in response to this solicitation, the Vendor and its key subcontractors represent that they are not in arrears in the payment of any obligations due and owing the State of Washington, including the payment of taxes and employee benefits, and that it shall not become in arrears during the term of the contract if selected for contract award.
4. Provide a Washington State Statewide Vendor (SWV) number. If not already registered, so state and attach a copy of the completed SWV form. More information about SWV registration is available at:
<http://www.ofm.wa.gov/isd/vendors.asp>

5. Provide a Federal Employer Tax Identification Number and attach a completed IRS W-9 form. A copy of this form is available at:
<http://www.ofm.wa.gov/isd/vendors.asp>
6. Provide a copy of Vendor's Certificate of Insurance which states Vendor's current levels of liability coverage.
7. Describe any litigation and/or government action taken against the Vendor's license or the license of any sub-entities of the Vendor entity, or any litigation and/or government action taken against the Vendor directly related to the performance of any of the administrative services contained in this RFP, commenced or on-going during calendar year 2009.
8. Conflict of Interest Information:
 - a. If any employees or officers of the Vendor or key subcontractors' employees or officers who shall provide services under this contract were employed by the State of Washington during the last two years, state their positions within the Vendor, their proposed duties under any resulting contract, their duties and position during their employment with the State and the date of their termination from State employment. If a decision regarding conflict of interest has been obtained from the State Ethics Board, submit the decision.
 - b. If any owner, key officer or key employee of the Vendor is related by blood or marriage to any employee of the HCA or has a close personal relationship to same, identify all the parties, identify their current or proposed positions and describe the nature of the relationship.
 - c. If the Vendor is aware of any other real or potential conflict of interest, the Vendor must fully disclose the nature and circumstances of such potential conflict of interest.

If, after review of the information provided and the situation, the HCA determines that a potential conflict of interest exists, the HCA may, at its sole option, request a change in personnel assigned to the account or disqualify the Vendor from participating in this procurement.

Failure to fully disclose any real or potential conflict of interest may result in the disqualification of the Vendor or the termination for default of any contract with the Vendor resulting from this procurement with the Vendor.

9. Vendors must indicate whether they have had a contract terminated for default in the last five years. Termination for default is defined as a notice to stop work due to the Vendor's nonperformance or poor performance, where the issue of performance was either not litigated due to inaction on the part of the Vendor, or litigated and determined that the Vendor was in default.

If the Vendor has had a contract terminated for default in the last five years, the Vendor must submit full details including the other party's name, address and telephone number. The Vendor must specifically grant the HCA permission to contact any and all involved parties and access any and all information the HCA determines is necessary to satisfy its investigation of the termination. The HCA will evaluate the circumstances of the termination and may at its sole discretion, bar the participation of the Vendor in this procurement.

10. Any alternate contract language the Vendor wishes to propose (see **Appendix B**). If alternate contract language is longer than one page, attach it to the Letter of Submittal as a separate document.
11. List the page numbers and names of any proposal elements being claimed as "Proprietary" or "Confidential" (see Section 2.13). Include an explanation for each claim of confidentiality.
12. A copy of the Certification and Assurances (**Appendix D**) signed by a person authorized to bind the Vendor to a contract.
13. Vendor questions and HCA responses are considered an amendment to the RFP
14. Include a detailed list of all materials and enclosures in the Proposal.

3.2 EXPERIENCE

The HCA values a Vendor with proven experience serving the expected Washington Health Program population or similar diverse and disparate populations.

In no more than 6 pages, describe the Vendor organization's experience and ability to meet the health coverage needs of under-served Washington residents, such as subsidized Basic Health Enrollees, Medical Assistance recipients, or General Assistance enrollees. In the Proposal, address at least the following:

- Provide a general overview of how the Vendor organization is structured, its key leadership, and location of headquarters.
- Describe the number of years' experience the Vendor has serving these types of populations and where (what states or counties in Washington);
- Describe specific programs or populations served and when;
- Provide the number of enrollees currently served and/or served in the past;
- Explain how the Vendor organization customizes its services specifically to serve these populations and ensure timely access to high quality care;
- Share the challenges the Vendor anticipates in providing service to these populations both currently and into the future;
- Describe any partnerships (community, national, and state) the Vendor has formed or participated in specific to the delivery of health care services and how have these influenced the Vendor organization's business operations and/or policies; and
- Provide information regarding last time the Vendor organization implemented a new Line of Business similar to the Washington Health Program, and/or a Washington individual market product, and/or launched a client of comparable size to the Washington Health Program (estimated 40,000 members). Please provide a client reference (name, phone number, e-mail address) that would be able to speak to us regarding implementation efforts.

3.3 QUALITY ASSURANCE

The HCA is committed to working with our successful Vendor(s) to continue to improve our members' access to high quality, affordable health care. The HCA values a Vendor who has rigorous and standardized processes and measures for managing quality.

The HCA wants to partner with health plans which focus on the following broad categories of quality:

- Access and Service – Washington Health Program members must have timely access to the care and services they need. Any complaint or grievance must be resolved quickly, accurately, and fairly;
- Qualified Providers – participating providers must be regularly credentialed and there must be a standard, thorough process for reviewing credentials by the health plan;
- Staying Healthy – the health plan must be a conduit for helping Washington Health Program members to maintain good health and avoid illness;

- Getting Better – when Washington Health Program members become sick, they must have access to the right provider at the right time to ensure proper care; and
- Living with Illness – the health plans should help Washington Health Program members to manage chronic illness

The Health Care Authority's preferred method for quality review for the Washington Health Program is accreditation of the Vendor's organization through the National Committee for Quality Assurance (NCQA). Also of value is any other, reputable standard of measurement, such as eValu8™, utilized by the Vendor. .

In no more than 5 pages, describe the Vendor organization's quality assurance processes, methodology and results which will achieve the outcomes described above. The Vendor should provide a detailed response with enough specificity to enable evaluation of the scope, thoroughness, and transparency of the Vendor's external quality review processes as well as its performance reporting processes. If the Vendor is not accredited, please describe the internal processes and policies in place to ensure the broad categories listed above are achieved

3.4 FINANCIAL STABILITY

HCA intends to contract with Vendors who are financially solvent and wants to understand both the financial condition of the Vendor and, if relevant the Vendor's parent company.

Provide information showing how the Vendor meets the OIC's 2009 Risk Based Capital Control level. Separately, list the Vendor's percent of premium income in relationship to surplus. Vendor should provide the 2009 NAIC Annual statement and 2009 CPA report.

The HCA reserves the right to require any additional information necessary to determine the financial integrity and responsibility of a Vendor.

3.5 MEMBER SERVICES

The HCA intends to select a Vendor which will provide responsive, knowledgeable, high quality member services to all Washington Health Program Enrollees. The HCA believes staff of the Vendor's service center must be well versed in the geographic, cultural, and social aspects of Washington State and understand the types of concerns, questions or issues that a typical Washington Health Program member may experience.

In preparation for responding to the questions below, please see the HCA performance standards as described in **Appendix E** of this RFP, and direct the content of answers accordingly.

No response to Section 3.5 is required.

3.5.1. Customer Service Staff Organization & Training

In no more than 2 pages provide an overview of the Vendor customer service operations, including location of the proposed service center, organizational structure and key leadership assigned to the account. Describe how staff are trained and measured for performance, and any other relevant information which will demonstrate the depth of experience the Vendor organization can offer. Describe how customer service, membership and billing, claims processing, and other operational areas are integrated. If there are any technology, acquisition/consolidation or outsourcing projects underway within the Vendor organization, describe them and how the Vendor customer service organization is impacted.

3.5.2. Customer Service Performance Measurements

In no more than 2 pages, describe the performance metrics used to evaluate staff performance, organizational effectiveness, and customer satisfaction. Provide results for the Vendor's entire book of business over the last two years. Describe how staff and leadership are engaged in improvement of outcomes and any specific activities planned now or in the future.

3.5.3. Claims Processing Staff Organization and Training

In no more than 2 pages, provide an overview of the Vendor's claims processing operations, including location of the proposed claims management center, organizational structure and key leadership assigned to the account, how staff are trained and measured for performance, and any other relevant information which will demonstrate the depth of experience the Vendor organization can offer. Please note if there are any major technology, acquisition/consolidation or outsourcing projects underway currently and how the Vendor's claims management organization is impacted.

3.5.4. Claims Processing Performance Measurements

In no more than 2 pages, describe the performance metrics used to evaluate performance, organizational effectiveness, and customer satisfaction relative to claims processing. Provide claims management results (both timeliness and quality) for the Vendor's entire book of

business over the last two years. Describe how staff and leadership are engaged in improvement of outcomes and any specific activities planned now or in the future.

3.5.5. Staffing Model

In no more than 2 pages, describe the Vendor's staffing model for claims management and customer service representatives. Please describe how the Vendor organization will prepare for the addition of the Washington Health Program and indicate whether additional staff will be necessary.

3.5.6. Coordination of Benefits

In no more than 2 pages, describe the Vendor's process for coordination of benefits. Include any statistics available which demonstrate timeliness and accuracy of coordination.

3.5.7. Diversity

Responses to this section must be limited to 1 page. The HCA anticipates the Washington Health Program will service a variety of populations, many of whom are non-English speaking or have a disability. The HCA values a business partner that is experienced in providing service to diverse and disparate populations. Describe the Vendor organization's ability to meet these needs, including, those with disabilities as defined by Americans with Disabilities Act (ADA).

3.6 INFORMATION SYSTEMS COMPATIBILITY

The HCA values a Vendor that is easy to do business with and that can easily interface with the HCA's information systems. **Appendix F** of this RFP details the interface file layouts the HCA intends to use for Washington Health Program.

Limit the response to no more than 2 pages. Vendors are requested to review the information and certify if they are able to conform to the HCA's information system requirements. Also, as part of the Proposal, please indicate the Vendor's plan for ensuring systems compatibility and readiness with the HCA in administration of the Washington Health Program.

3.7 COST PROPOSAL

It is imperative the Washington Health Program offer cost-effective coverage for its membership. Given the targeted population for this program, affordability is important. The HCA has attempted to defray

administrative expenses for Vendors while also developing a product which should reduce adverse selection to the healthiness of the risk pool. When putting together cost proposals, Vendors should be mindful that enrollees will be screened for WSHIP using the SHQ, age rating is in five year increments, smoker/non-smoker rating is applied, the maternity benefit is limited, and there is a maximum annual benefit limit of \$75,000 per member per year.

Vendor's cost proposals will be evaluated for those service areas in which a Vendor submits a qualified bid. Vendors must follow the directions outlined in **Appendix G**, entitled Rate Instructions, in order to complete the Cost Proposal required for this RFP. Vendors must return the spreadsheet in **Appendix H**, entitled Vendor Bid Spreadsheets, as part of the Vendor's RFP Cost Proposal along with all required supporting data and information outlined in Appendix G.

3.8 NETWORK ADEQUACY AND ACCESS TO CARE

The Health Care Authority desires broad access to a full scope of qualified professional providers and specialists for Washington Health Program members. The HCA values a professional provider network which is of high quality, sufficient in size to ensure timely accessibility, and distributed widely to meet the needs in every county in Washington State.

No response to Section 3.8 is required.

3.8.1. Network Credentialing

In no more than 2 pages, describe the Vendor organization's provider network credentialing policies and processes. Identify whether the network is credentialed, by what organization, and whether the credentialing is consistent with NCQA standards. If the network is not credentialed, describe the method used to assure network quality including the measures and metrics that would be reported to the HCA.

3.8.2. Services Provided Out-of-Network

Vendor must limit their response to this section to no more than 2 pages. Similar to subsidized Basic Health, the Washington Health Program Contract specifically prohibits balance billing for out-of-network providers. (Please see the draft Certificate of Coverage, **Appendix A**, of this RFP for further details.) Describe how the Vendor organization administers service received from out-of-network providers and, how it will minimize the disruption of billing issues with Washington Health Program membership. Provide detail on how the Vendor organization is working to

expand its network of providers. Describe how the Vendor's provider network has expanded in Washington State over the past two years.

3.8.3. Accessibility and Average Wait Times

Vendor must limit their response to this section to no more than 3 pages. Network adequacy is very important to the HCA. Access to quality providers is only relevant if Washington Health Program members can gain access care when they need it. If the Vendor organization participates in Consumer Assessment of Healthcare Providers and Systems (CAHPS) or Healthcare Effectiveness Data and Information Set (HEDIS), please provide an overview of historical results specific to provider access, and include Vendor's plans, if any, to improve satisfaction levels.

Based on the Vendor organization's existing or proposed provider network, provide the average wait times, for member access to each of the following types of providers:

- Primary Care Providers
- Anesthesiology
- Psychiatry
- Cardiology
- General Surgery
- Orthopedic Surgery

Describe the Vendor organization's efforts to improve wait times.

3.8.4. Provider Network Matrix

The HCA has worked with its actuaries to identify a minimum number of providers, by county, for the term of the Contract for the Washington Health Program. A matrix of the "minimum standard" is provided in **Appendix H Tab 3, entitled Bid Form C.** (Please note that Appendix H is an excel spreadsheet with multiple tabs). Vendors are required to complete this matrix as part of their Proposal by filling out the shaded cells.

For any county where the Vendor does not meet the minimum standard with their current network, but claims that the standard will be met by July 1, 2010, provide additional documentation demonstrating that the Vendor will meet the minimum requirements.

Vendors that do not meet the minimum standards will fail the HCA's network adequacy evaluation and will not have their rates evaluated as described in Section 4 of this RFP.

3.9 DATA SECURITY

HCA wants to understand Vendor data security measures.

In no more than 2 pages, describe any Vendor policies, processes, and technologies the Vendor uses to ensure member data is protected from internal and external attacks. If any sort of member self-service function will be available to Washington Health Program members, please describe the scope of services available and how the Vendor will ensure that member data will only be accessible to the member. Provide information on the method used by the Vendor to periodically test credentials.

4. EVALUATION CRITERIA

4.1. INTRODUCTION

The HCA will use the process outlined in this section to evaluate Proposals from qualified Vendors. The process has been designed to award Contract(s) to the Vendor(s) with the best combination of desired attributes based upon the evaluation criteria, not exclusively to the Vendor of least cost. A structured review of the written material will be conducted for all qualified Proposals.

All Proposals and answers to RFP items should be clear, complete and directly address the specific requirement or questions. In those cases where a Vendor's written Proposal is unclear, the evaluation team may, at its discretion and acting through the RFP Coordinator, contact the Vendor to clarify specific points in a Proposal. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any issued addenda.

4.2. EVALUATION FRAMEWORK

The evaluation framework defines the approach and process of qualifying and evaluating Vendor Proposals. The HCA has defined a four (4) step evaluation process which includes:

- Responsiveness Evaluation
- Experience and Qualifications Evaluation
- Network Adequacy Evaluation
- Rate Evaluation

4.2.1. Step1: Responsiveness Evaluation

The objective of the first step of the RFP evaluation process is to confirm the status of the Vendor and the status of the Proposal as ready for scoring. The RFP Coordinator will accept all Proposals received by the established RFP due date and time specified in the scheduled located in Section 2.2 of this RFP. Late Proposals will not be accepted for evaluation. Proposals will be assessed for their status as "complete" and suitable for evaluation.

The RFP Coordinator will review Vendor Proposals to determine compliance with the Proposal format requirements as specified in Section 2.7.2.

In addition to evaluating compliance with format instructions, the RFP Coordinator will review Vendor Proposals to ensure that all required

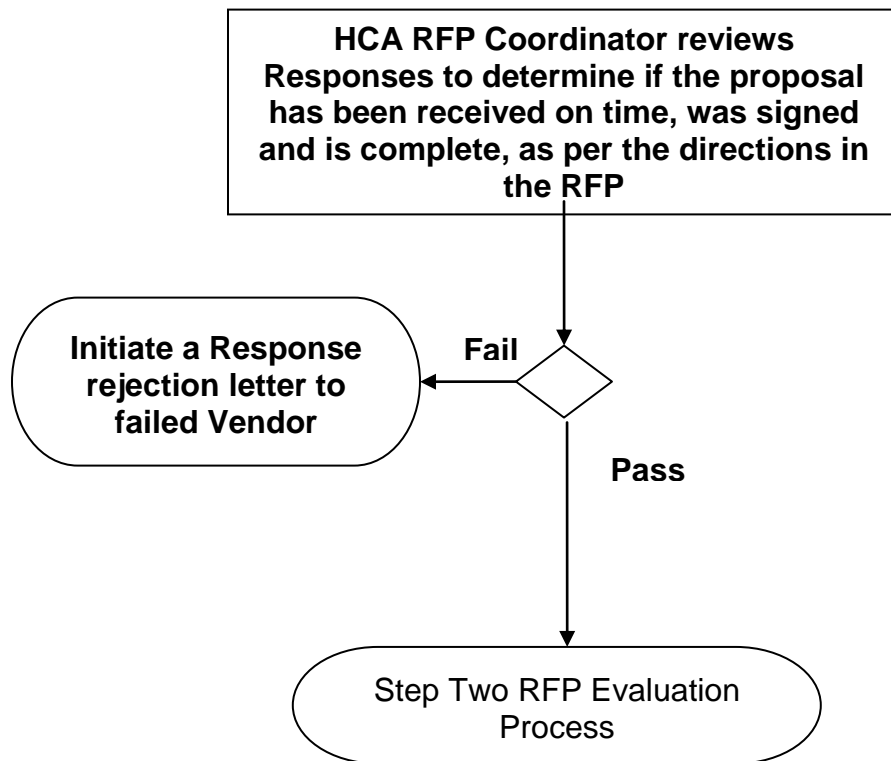
elements and responses are included. Vendors failing to respond or provide data as requested by HCA in this RFP are subject to disqualification.

Proposals failing this step of the evaluation process will receive an e-mail notification from the RFP Coordinator of their status as rejected Vendors.

The following chart demonstrates Step 1 of the Washington Health Program evaluation.

Step One RFP Evaluation Process

Objective: Confirm the status of the Vendor and the status of the Proposal as “ready for scoring”



4.2.2. Step 2: Experience & Qualification Evaluation

The objective of the second step of the RFP evaluation process is to evaluate the Vendor's experience and qualifications relative to a minimum set of criteria. The RFP Evaluation team will review and score each Proposal in the areas of:

- Experience (Section 3.2)
- Quality (Section 3.3)
- Financial Stability (Section 3.4)
- Member Services (Section 3.5 – inclusive of subsections 3.5.1 to 3.5.6)
- IT Compatibility (Section 3.6)

The evaluation team will review and score each element using consensus scoring methodology. The following total points will be allocated for each element:

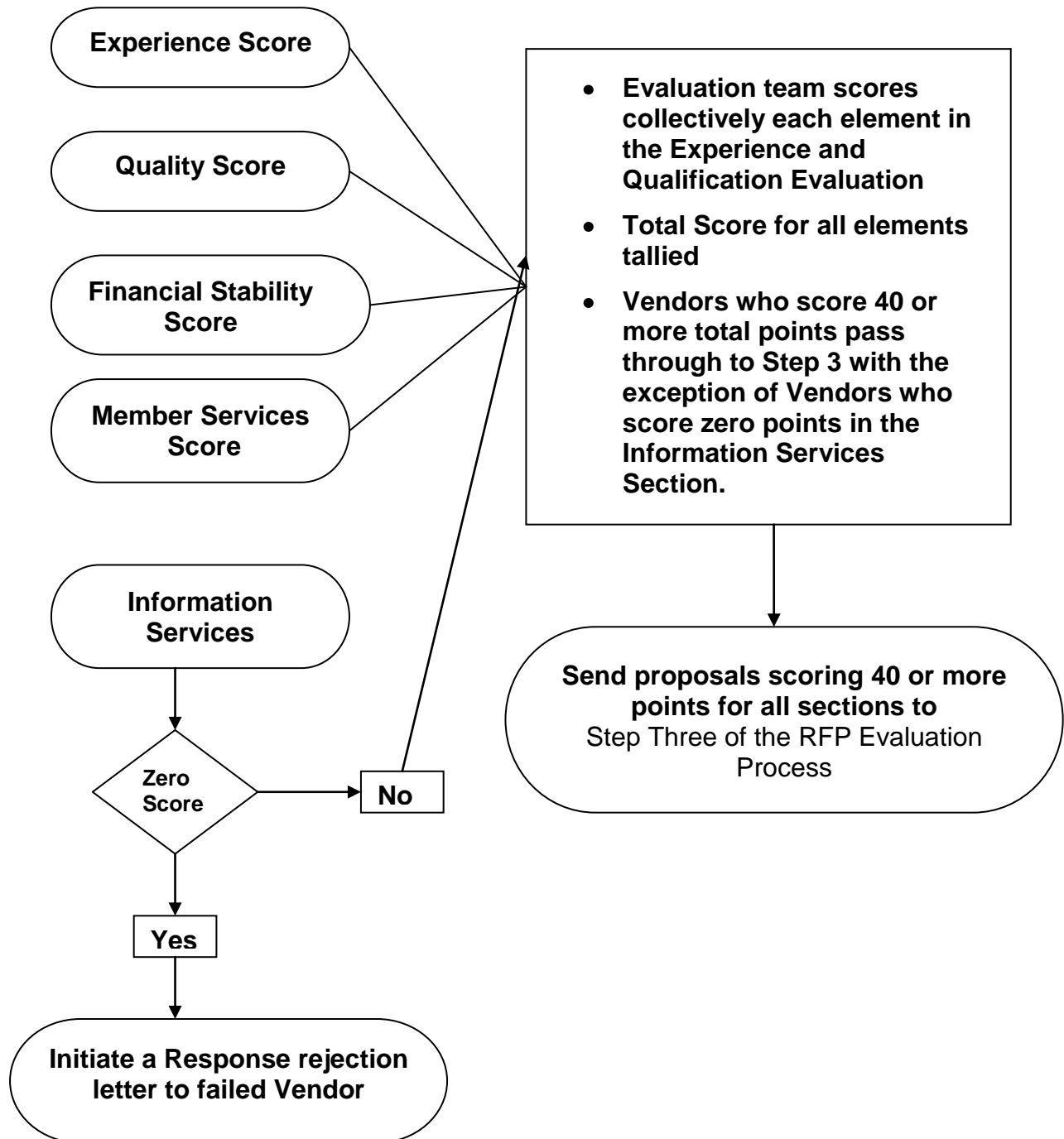
Element	Section	Points
Experience	3.2	50
Quality	3.3	15
Financial Stability	3.4	15
Member Services	3.5	10
Information Systems Compatibility	3.6	10

NOTE: Vendors receiving 0 points in response to the IT Compatibility section will be disqualified. Proposals which receive 40 or more points will advance to the next step in the evaluation process.

The chart on the following page demonstrates Step 2 of the Washington Health Program RFP evaluation process.

Step Two RFP Evaluation Process

Objective: Evaluate the Vendor's Experience & Qualifications relative to minimum criteria



4.2.3. Step 3: Network Adequacy Evaluation

The objective of the third step of the RFP evaluation process is to comprehensively evaluate how the Vendor will ensure access to quality health care services and to assess the adequacy of the Vendor's provider networks. The RFP evaluation team will review and score each Proposal in the areas of:

- Network Credentialing (Section 3.8.1)
- Services Provided Out of Network (Section 3.8.2)
- Average Wait Times (Section 3.8.3)

The evaluation team will review and score each element using consensus scoring methodology. The following total points will be allocated for each element:

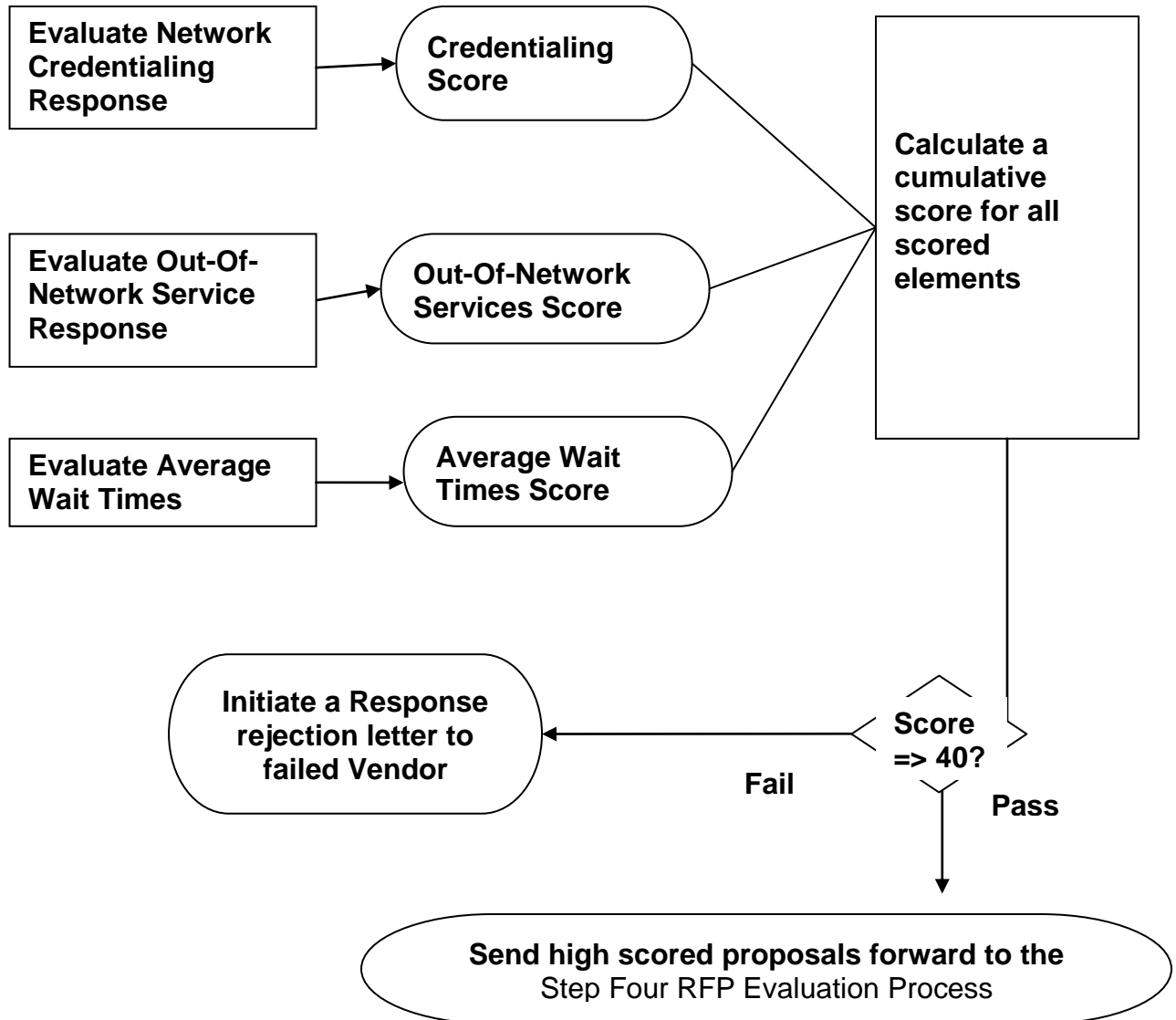
Element	Section	Points
Network Credentialing	3.8.1	45
Services Provided Out of Network	3.8.2	25
Average Wait Times	3..8.3	30

Proposals which receive a total of 40 or more points will advance to the next step in the evaluation process.

The chart on the following page demonstrates Step 3 of the Washington Health Program evaluation.

Step Three Evaluation Process

Objective: Comprehensively evaluate Access to Care and Network Adequacy to determine if the Vendor's proposal should proceed to the Rates Evaluation process in Step Four.



4.2.4. Step 4: Provider Adequacy & Rate Evaluation

The objective of the fourth step of the RFP evaluation process is to comprehensively evaluate the Cost proposal provided by the Vendor. Before the cost bid is reviewed, the Vendor's provider matrix response (**Appendix H Tab 3, entitled Bid Form C**) will be matched to HCA standards to ensure the minimum standard of providers will be available in each bid region and/or County. Vendors who are unable to meet the minimum standards of providers should not provide rates for an area where they are unable to comply with HCA standards. If rates are provided for an area where the Vendor is unable to comply with HCA's provider standards, HCA will reject the bid for that area.

The evaluation process outlined in the chart on the following pages is designed to:

- Award the Contract(s) to Vendor(s) with the lowest costs
- Provide preference to the best bid at a service-area level
- Allow Vendors to price competitively at a county-level as an alternative to service –area level bidding
- Offer multiple plan choices in service-areas and counties
- Eliminate Vendors who do not meet the necessary provider standards established by HCA in **Appendix H Tab 3, entitled Bid Form C**

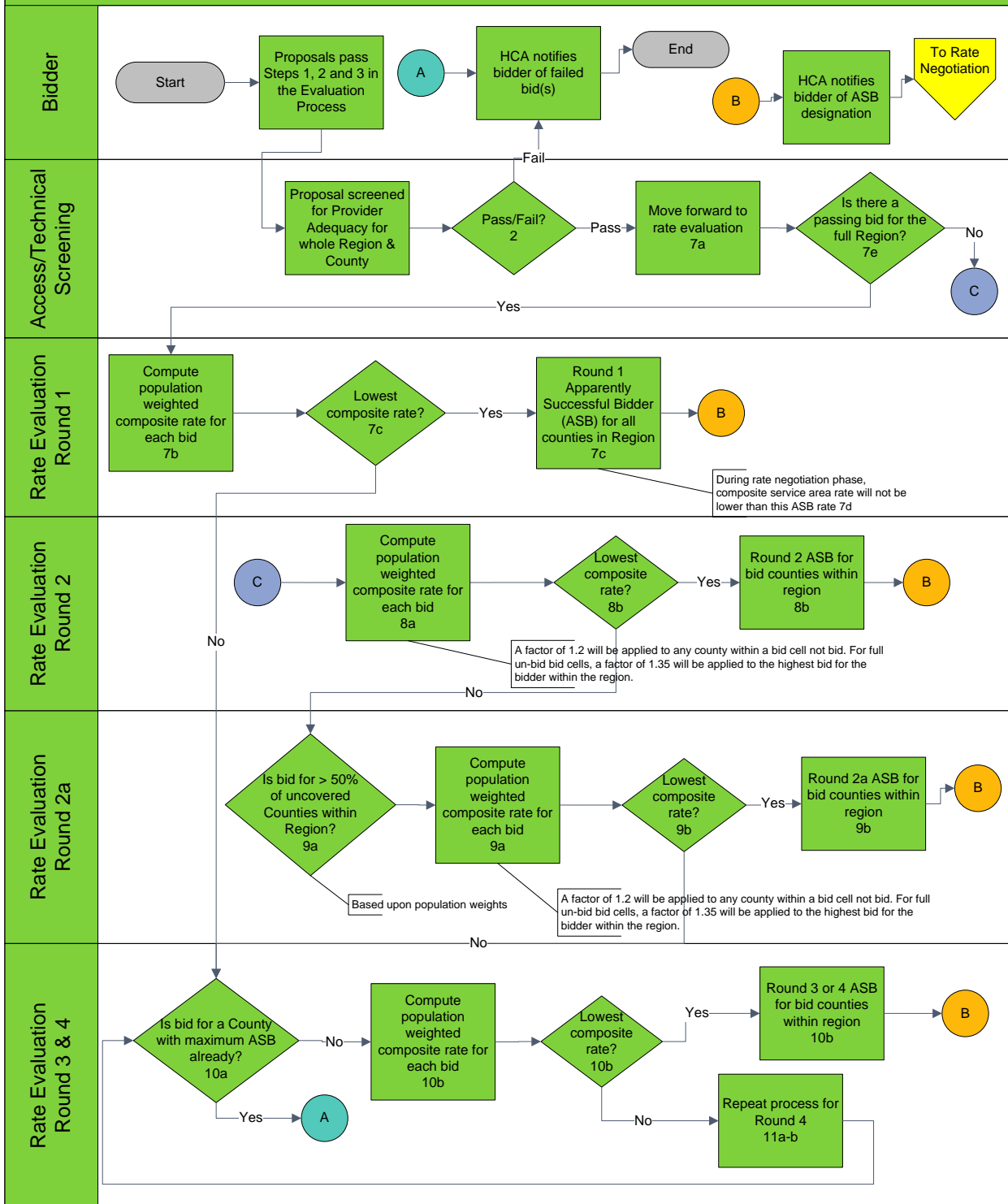
The HCA desires a minimum of two health plans offering coverage in any one service area or county.

The HCA is not assigning a benchmark rate by county. It is HCA's intent not to offer different rates in each county or service area between competing CONTRACTORS.

If there are multiple Vendors with divergent rates in a county, HCA will negotiate with the Vendors in an attempt to finalize a single set of rates prior to announcing the ASV(s).

The chart on the following page demonstrates Step 4 of the Washington Health Program evaluation.

Step 4: Provider Adequacy & Rate Evaluation



4.3. EVALUATION TEAM

Vendor Proposals will be evaluated by a team consisting of staff from the HCA and contracted Actuaries. The RFP Coordinator will not serve as an evaluator but will facilitate and support the evaluation process.

4.4. ANNOUNCEMENT OF THE ASV(S)

HCA will post an announcement of the ASV(s) on the HCA procurement website. The tentative date for the announcement is document in the schedule in Section 2.2 of this RFP.

4.5. DEBRIEFING

Upon request, a debriefing conference will be scheduled with an unsuccessful Vendor. The HCA Contracts Officer must receive the request for a debriefing conference within three (3) business days after the announcement of Apparently Successful Vendor letter is emailed to the Vendor. The debriefing must be held within three (3) business days of the request. Send debriefing requests to:

Contracts Officer
Health Care Authority
Office of Contract Services
Olympia, Washington 98504-2702
RE: RFP #K-160 DEBRIEFING
Email: contracts@hca.wa.gov

Discussion at the debriefing conference will be limited to the following:

1. Evaluation and scoring of the Vendor's proposal.
2. Critique of the Vendor's proposal.
3. Review of the Vendor's final score in comparison with other Vendors' final scores without identifying the Vendors.

Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of one hour.

4.6. PROTEST PROCEDURES

A Vendor may submit a protest only after a debriefing conference has been both requested and held with that Vendor.

1. In order to submit a Protest under this RFP, a Vendor must have submitted a proposal for this RFP, and must have participated in a debriefing conference. Any unsuccessful Vendor may protest the contract award made under this RFP by following the procedures described below. The HCA will not consider any protests that do not follow these procedures. No additional recourse is available within the HCA.
2. The HCA shall consider only those protests concerning a matter of bias, discrimination or conflict of interest, material errors in tabulation, or material failure to follow procedures stated in the RFP or the HCA policy.
3. The HCA Administrator shall not accept any protest before the announcement of the Apparently Successful Vendor and completion of the protesting party's debriefing. The Administrator must receive a preliminary protest within three business days of the debriefing and must receive the formal protest within three business days of inspection or receipt of materials as stated in #4 below. Both the preliminary protest and the formal protest must cite the basis of the protest (see #2 above). Failure to cite the basis of the protest in either case will result in rejection of the protest.
4. Any Vendor may request copies of RFP documents, including but not limited to: bids, quotes, proposals, and evaluation summaries of all Vendors, or may inspect RFP documents to obtain information on which to base a protest. Such a request must be in writing, must state the basis of the unsuccessful Vendor's preliminary protest and must be received within three business days of the announcement of the Apparently Successful Vendor by the HCA. The information, if disclosable, will either be sent to or made available to the requesting party within five business days of receipt of the request by the HCA (see 1.19 Public Disclosure).
5. Upon receipt of a valid formal protest, the HCA Administrator will conduct a protest review. The purpose of the review is to assure the HCA policy and procedures were followed, all requirements were met and all Vendors were treated equally and fairly. The protest review will not contain a review of bids or scores assigned. A written decision regarding the protest will be issued by the Administrator.

6. Any protests must be written, signed by the protesting Vendor or an authorized representative, and mailed or hand delivered. Emails, telegrams, facsimiles or similar transmittals will not be considered. The protest must state all facts and arguments on which the protesting party is relying. Address a protest to:

Administrator
Health Care Authority
P.O. Box 42700
Olympia, Washington 98504-2700
RE: RFP # K-160 PROTEST

5. APPENDICES

APPENDIX A: Certificate of Coverage

APPENDIX B: Sample Contract and Exhibits

APPENDIX C: Pre-Proposal Conference Registration Form

APPENDIX D: Certification and Assurances

APPENDIX E: Performance Standards

APPENDIX F: Interface File Layouts

APPENDIX G: Rate Instructions

APPENDIX H: Vendor Bid Spreadsheets

All of the Appendices are attached as separate documents.